

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

10/340618

6/23/05 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/			
2		/				
3		/				
4		/				
5		/				
6		/				
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50						
TOTAL IND.			1			
TOTAL DEP.	21	←	21	←	←	
TOTAL CLAIMS	22		22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.	21	←	21	←	←	←
TOTAL CLAIMS	22		22			